

NEWTON FIRE DEPARTMENT  
1164 CENTRE STREET  
NEWTON, MASSACHUSETTS 02459

FIRE PREVENTION AND CODE ENFORCEMENT DIVISION  
FIRE ALARM AND COMMUNICATIONS DIVISION  
(617) 796-2230 (617) 796-2220  
FAX (617) 796-2239

**MASTER BOX APPLICATION**

DOCUMENTATION NUMBER \_\_\_\_\_ DATE \_\_\_\_\_  
BUILDING PRIMARY ADDRESS \_\_\_\_\_  
BUILDING NAME \_\_\_\_\_ SITE PHONE \_\_\_\_\_  
TYPE OF OCCUPANCY \_\_\_\_\_ NUMBER OF STORIES \_\_\_\_\_  
NAME OF BUILDING OWNER \_\_\_\_\_  
OWNER'S ADDRESS \_\_\_\_\_ TEL. # \_\_\_\_\_  
MANUFACTURER OF INSTALLED SYSTEM \_\_\_\_\_  
LOCATION OF MASTER BOX \_\_\_\_\_  
MECHANICAL MASTER BOX \_\_\_\_\_ DIGITIZED MASTER BOX \_\_\_\_\_

**\*\*NOTE: If digitized box, need to add page 2.**

LOCATION OF FACP \_\_\_\_\_ ANNUNCIATOR \_\_\_\_\_  
EQUIP. INSTALLED BY \_\_\_\_\_ MA LIC. # \_\_\_\_\_

**A CONTRACT MUST BE IN EFFECT WITH A SERVICE COMPANY APPROVED BY THE  
NEWTON FIRE DEPT. PRIOR TO CONNECTING INTO THE MUNICIPAL SYSTEM**

NAME OF SERVICE CO. \_\_\_\_\_ 24 HR. TEL.# \_\_\_\_\_  
AUTHORIZED SIGNATURE \_\_\_\_\_  
COPY OF NOTIFICATION RECEIVED YES \_\_\_\_\_ NO \_\_\_\_\_

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**FIRE DEPARTMENT USE ONLY**

DATE RECEIVED/ PAID \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
MASTER OR DIGITIZED BOX #S \_\_\_\_\_ CIR. # \_\_\_\_\_ RUN PLAN \_\_\_\_\_  
RECORDED IN COMPUTER & DIGITIZE BY \_\_\_\_\_  
DATE \_\_\_\_\_

## DIGITIZED BOX PROGRAMMING SHEET – Page 2

NUMBER OF ZONES \_\_\_\_\_

ZONE	LOCATION	CODE #
ZONE 1		
ZONE 2		
ZONE 3		
ZONE 4		
ZONE 5		
ZONE 6		
ZONE 7		
ZONE 8		
ZONE 9		
ZONE 10		
ZONE 11		
ZONE 12		
ZONE 13		
ZONE 14		
ZONE 15		
ZONE 16		